smoking and then quickly randomise them to either act on that decision as soon as possible or to select a later quit date and spend the intervening time planning. Nevertheless, an RCT of abrupt, unplanned versus delayed, planned quitting is greatly needed for several reasons. For example, the most common psychological treatments for smoking typically have smokers spend a few weeks preparing for quitting before their quit date.[2] If delaying is detrimental, this practice needs to be changed. As another example, reduction for several weeks before quitting has recently been approved as a treatment in several countries (www.ash.org/uk/html/cessation/smoking%20reduction/NRT051229.pdf). If delaying is advantageous, then perhaps much of the efficacy of reduction is due, not to reduction per se, but rather due to simply putting off the quit date till later.

In summary, we believe the findings of these two recent studies that many smokers quit spontaneously and that impulsive quitting is associated with increased success are important. We believe these data suggest clinicians should not recommend all smokers delay quitting to make plans for quitting. However, we also believe these data are insufficient to indicate that the best course for all smokers is to quit immediately. Until we have data from some RCTs, perhaps a reasonable middle ground is to discuss the pros and cons of quitting now versus later and let each smoker decide what is best.

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